1272178

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D
NOTICE OF SALE OF SECURITIES
PERSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
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hours per response.....16.00

SEC USE ONLY
Prefix Serial
DATE RECEIVED

UMFORM LIMITED OFFERING EXEMI	TION	
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Phonetics LC		
Filing Under (Check box(es) that apply): Rule 504 X Rule 505 Rule 506 Section 4(6)	ULOE	
Type of Filing: New Filing  Amendment	:111	- 1 <b>818 11110 01001</b> 111 <b>8</b> 01116 <b>00</b> 110 0186 00100 114001
A, BASIC IDENTIFICATION DATA		
Enter the information requested about the issuer		
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)		03039764
Phonetics LC		
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number	r (Including Area Code)
2872 Ridge Rd. Wichita, KS 67205	316 462 007	70
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)		er (Including Area Code)
Brief Description of Business  Development and sale of telecommunications software  Type of Business Organization	7	PROCESSED
☐ corporation ☐ limited partnership, already formed ☐ other (p ☐ business trust ☐ limited partnership, to be formed	lease specify):	LLC DEC 0 9 2003
Actual or Estimated Date of Incorporation or Organization: Month Year  Actual or Estimated Date of Incorporation or Organization: O15 O13 Actual Estim  Lurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State  CN for Canada; FN for other foreign jurisdiction)		FINANCIAL
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).	r Section 4(6), 17 CFR	\$ 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.		

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

A. BASIC IDENTIFICATION DATA:		
2. Enter the information requested for the following:		
• Each promoter of the issuer, if the issuer has been organized within the past five years;		
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10	% or more of a c	lass of equity securities of the issuer.
Each executive officer and director of corporate issuers and of corporate general and managing	g partners of part	mership issuers; and
Each general and managing partner of partnership issuers.		
	This section	7 ()
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Raehpour, David A.	Director [	General and/or Managing Partner
Full Name (Last name first, if individual)		
2872 N. Ridge Road Wichita, KS 67205		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director [	General and/or Managing Partner
Full Name (Last name first, if individual)		
Buchholz, David L.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
2872 N. Ridge Road Wichita, KS 67205		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director [	General and/or Managing Partner
Full Name (Last name first, if individual)		
Creed, Danny P.		
Business or Residence Address (Number and Street, City, State, Zip Code) 1330 E. Thistle Landing Dr. Phoenix, AZ 85048		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director [	General and/or Managing Partner
Full Name (Last name first, if individual)		
Ritchie, H.T.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
2872 N. Ridge Road Wichita, KS 67205		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director [	General and/or Managing Partner
Full Name (Last name first, if individual)		
Cambern, Rex		
Business or Residence Address (Number and Street, City, State, Zip Code)		
2332 Ridgefield Circle Wichita, KS 67205		
	Director [	General and/or Managing Partner
Full Name (Last name first, if individual)		10/10/10/10/10/10/10/10/10/10/10/10/10/1
Pattridge, Dan Business or Residence Address (Number and Street, City, State, Zip Code)		
1711 Parks Road Benton, LA 71006  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director [	General and/or Managing Partner
Cull Name (Leat name First - Cindividual)		
Full Name (Last name first, if individual)		
Mâter, Rôbert		
Business or Residence Address (Number and Street, City, State, Zip Code)		
2872 N. Ridge Road Wichita, KS 67205	00.000000000000000000000000000000000000	
(Use blank sheet, or copy and use additional copies of this sheet,	as necessary)	

		March Company of the State of the	A PROPERTY	Training and Company	MENT OF A CHARGE PROCESS OF A P	erretario rentensa estárciosa	WAR HALESCOPE SORT LANCE	Service Galeria in Teach	A	e al la succession de l	ne de mare es hanalis	CONTRACTOR STATE	THE RESERVE THE PARTY OF THE PA
77.5		· Zeljičkej	i eran ne		., B. 1	NEORMAT	ON ABOU	T OFFERI	NG		1,225,25	3 N. W.	
1,	Has the	issuer sold.	or does th	ne issuer in	itend to se	II, to non-a	ccredited in	nvestors in	this offeri	ng?		Yes	No <b>XX</b>
						Appendix,				-			23.25
2.	What is	the minimu	ım investm					_				<sub>\$_5</sub> ,	000
										•		Yes	No
3.		e offering p										XX	
4.	commis If a pers or state	ne informati ssion or simi son to be list s, list the nau r or dealer,	lar remune ed is an ass me of the b	ration for s ociated pe roker or de	olicitation rson or age caler. If mo	of purchase at of a brok are than five	ers in conne er or deale e (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state		
Ful	l Name (	Last name f	irst, if indi	vidual)									
Rus	iness or	N/A Residence	Address (N	umber and	Street Ci	ty State 7	in Code)						
Duc	SIII C 33 ()1	Residence /	radices (14	umber and	i Bireei, ea	ity, State, 2.	ip code)						
Nar	ne of As.	sociated Bro	ker or De	aler									
Sta	tes in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers			·			
	(Check	"All States"	or check	individual	States)	•••••		••••••		•••••	•••••	☐ Al	l States
	$\boxed{\mathrm{AL}}$	AK	ΑŽ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	[N]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE SO	NV	NH	NJ	NM	NY	NC	ND	OH)	OK	OR	PA
	RI	SC	SD	TN	TX	[UT]	VT	VA	WA	[WV]	WI	WY	PR
Ful	l Name (	Last name f	irst, if indi	vidual)		21.31							
Bus	siness or	Residence	Address (N	Jumber an	d Street, C	ity, State, I	Zip Code)						
	P. 4		) D	. 1						·			
Nai	ne of As	sociated Bro	oker or De	aler									
Sta	tes in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)	•••••	***************************************	****************		******	***************************************	☐ Al	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	[A]	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	ИH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (	Last name f	irst, if ind	vidual)									
Bus	siness of	Residence	Address (?	Number an	d Street, C	City, State,	7.ip Code)		10000		- NOTES - NOTE		
Na:	me of As	sociated Bro	oker or De	aler									
			···	A. A									
Sta		hich Person										A.	I States
	(Check	"All States"	or check	ingividua	States)		**************			***************************************		∐ AI	l States
	AL.	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	$\overline{WV}$	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFTERING PRICE; NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount alreads sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, cheek	:			
	this box \( \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggregate Offering Price		Am	nount Already Sold
	Debt	<sub>\$</sub> 0		\$	0
	Equity		00	_	
	_x Common				
	Convertible Securities (including warrants)	\$ 0		\$	0
	Partnership Interests	s 0		\$	0
	Other (Specify)	s 0		\$	0
	Total		00	şl,	875,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in thi offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	2			Aggregate
		Number Investors			ollar Amount of Purchases
	Accredited Investors	25		\$ <u>1</u>	,875 <u>,000</u>
	Non-accredited Investors			\$	
	Total (for filings under Rule 504 only)			\$	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securitie sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to th first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering	Type of Security		D	ollar Amount Sold
	Rule 505	<u>Equity</u>		\$ <u>1</u>	,875,000
	Regulation A			\$_	
	Rule 504		_	\$_	
	Total			<b>\$</b> 1	,875,000
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure i not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees	**************		\$	
	Printing and Engraving Costs	***********		\$	0
	Legal Fees		x	\$	500
	Accounting Fees	***************************************		\$	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)	· · · · · · · · · · · · · · · · · · ·		\$	0
	Other Expenses (identify)			\$	0
	Total	************	X	\$	500.

	b. Enter the difference between the aggregate offe	RILK OF INVESTORS, EXPLASES:A			
	and total expenses furnished in response to Part C—proceeds to the issuer."	- Question 4.a. This difference is the "	adjusted gross		\$ <sup>1</sup> ,874,500
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for a check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an of the payments listed must equal the a	estimate and		
				Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		X	\$200,000	\$ 465,000
	Purchase of real estate			\$	<u></u> \$
	Purchase, rental or leasing and installation of ma and equipment	chinery	<u> </u>	.\$	205,000
	Construction or leasing of plant buildings and fac-	cilities	,,,,,, [	\$	<b>S</b>
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger)	sets or securities of another		\$	□\$
	Repayment of indebtedness				_
	Working capital				
	Other (specify):				
				\$	\$
	Column Totals		X	\$ <del>200,000</del>	\$_1,674,500
	Total Payments Listed (column totals added)		•••;••	<b>∑</b> \$1.	874,500
5 Til.	en e	D: FEDERAL SIGNATURE			
igi	issuer has duly caused this notice to be signed by th ature constitutes an undertaking by the issuer to fu information furnished by the issuer to any non-ac	irnish to the U.S. Securities and Exch	nange Commissi	on, upon writte	
ssı	er (Print or Type)	Signature	D	ate /	1
	Phonetics LC	4/11/16		11/11	103
Vai	ne of Signer (Print or Type)	Title of Signer (Print of Type)			
	David L. Buchholz	CFO/Manager			

## --- ATTENTION -----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

X1.42.50		E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 pr provisions of such rule?	esently subject to any of the disqualification		Yes No
	See	Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to f D (17 CFR 239.500) at such times as require	urnish to any state administrator of any state in weld by state law.	hich this notice is fil	ed a notice on Fo
3.	The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state administrators, upon written	n request, informatio	on furnished by
4.	limited Offering Exemption (ULOE) of the st	suer is familiar with the conditions that must be ate in which this notice is filed and understands sing that these conditions have been satisfied.		
	er has read this notification and knows the conte horized person.	ents to be true and has duly caused this notice to be	e signed on its behalf	by the undersign
Issuer (	Print or Type) Phonetics LC	Signature	Date 11/19	103
Name (	Print or Type)	Title (Print or Type)	·	

CFO/Manager

## Instruction:

David L. Buchholz

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPE	VDIX.
<b>地位,不由成为的</b>	

ı	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2	3			4		5	
	to non-a	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	investor and rchased in State C-Item 2)		under Sta (if yes, explana waiver	ification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
СО									
СТ									
DE									
DC									
FL									
GA									
HI									
ID									
I.L									
IN									
IA			Equity Units						
KS		XX	\$1,875,000	24	1,075,00	00			XX
KY									
LA		XX	Equity Units \$1,875,000	1	800,000				XX
ME							-		
MD									
MA									
MI									
MN		_							
MS									

I	Intend to sell to non-accredited investors in State (Part B-Item 1)		Intend to sell and aggregate of security and aggregate offering price offered in state		4  Type of investor and amount purchased in State  (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО										
МТ										
NE										
NV		· · · · · · · · · · · · · · · · · · ·	- A HA-W							
NH										
NJ										
NM										
NY										
NC										
ND										
ОН										
ОК										
OR										
PΑ										
RI										
SC										
SD										
TN										
TX										
UT										
VT										
VA										
WA										
WV										
WI										

1		2	3		4  Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification	
	to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)						under State ULOI (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR.										